WOODSTOCK HEALTH & REHABILITATION CENTER

3415 NORTH SHERIDAN ROAD

KENOSHA 53140 Phone	e:(262) 657-6175	Ownership:	Corporation
Operated from 1/1 To 12/31 Day	ys of Operation: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospit	tal? No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed	(12/31/03): 167	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31	1/03): 167	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	140	Average Daily Census:	133

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/03)	Length of Stay (12/31/03)	용
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis					21.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.7	Under 65	12.9	More Than 4 Years	2.9
Day Services Respite Care	No No	Mental Illness (Org./Psy)   Mental Illness (Other)	12.1	65 <b>-</b> 74   75 <b>-</b> 84			68.6
Adult Day Care Adult Day Health Care	No No	Alcohol & Other Drug Abuse   Para-, Quadra-, Hemiplegic		85 - 94   95 & Over		*************************************	
Congregate Meals Home Delivered Meals	No No	Cancer Fractures		 		Nursing Staff per 100 Resi	ldents
Other Meals	No	Cardiovascular	5.7	65 & Over	87.1	i	
Transportation Referral Service	No No	Cerebrovascular   Diabetes		   Gender	%	RNs   LPNs	13.0 6.0
Other Services Provide Day Programming for	Yes	Respiratory   Other Medical Conditions		   Male		Nursing Assistants,   Aides, & Orderlies	35.2
Mentally Ill	No			Female	63.6	İ	00.2
Provide Day Programming for Developmentally Disabled	No	 	100.0	 	100.0	I and the second	

## Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay			amily Care			Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	Tota Resi dent	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	30	100.0	300	94	100.0	122	2	100.0	135	9	100.0	181	0	0.0	0	5	100.0	171	140	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	30	100.0		94	100.0		2	100.0		9	100.0		0	0.0		5	100.0		140	100.0

WOODSTOCK HEALTH & REHABILITATION CENTER

Admissions, Discharges, and		Percent Distributior	n of Residents'	Condit	ions, Services, an	d Activities as of 12,	/31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	%		2	% Totally	Number of
Private Home/No Home Health	4.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	10.0		65.0	25.0	140
Other Nursing Homes	0.9	Dressing	18.6		59.3	22.1	140
Acute Care Hospitals	90.2	Transferring	30.0		50.0	20.0	140
Psych. HospMR/DD Facilities	2.0	Toilet Use	24.3		30.0	45.7	140
Rehabilitation Hospitals	0.0	Eating	67.1		20.7	12.1	140
Other Locations	2.0	*******	******	*****	* * * * * * * * * * * * * * * * * *	*****	*****
otal Number of Admissions	348	Continence		용	Special Treatmen	ts	용
ercent Discharges To:		Indwelling Or Extern	al Catheter	15.7	Receiving Resp	iratory Care	17.9
Private Home/No Home Health	30.8	Occ/Freg. Incontiner	nt of Bladder	56.4	Receiving Trac	heostomy Care	0.7
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	55.7	Receiving Suct	ioning	0.7
Other Nursing Homes	3.9				Receiving Osto	my Care	5.7
Acute Care Hospitals	44.3	Mobility			Receiving Tube	Feeding	5.7
Psych. HospMR/DD Facilities	0.3	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diet:	17.9
Rehabilitation Hospitals	0.0					-	
<u> </u>	3.3	Skin Care			Other Resident C	haracteristics	
Deaths	17.4	With Pressure Sores		10.0	Have Advance D	irectives	100.0
otal Number of Discharges		With Rashes		0.7	Medications		
(Including Deaths)	334				Receiving Psyc	hoactive Drugs	42.9

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

*************	******	****	*****	*****	*****	*****	*****	*****	****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	૪	Ratio	%	Ratio	%	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	79.2	86.2	0.92	87.6	0.90	88.1	0.90	87.4	0.91
Current Residents from In-County	36.4	78.5	0.46	83.0	0.44	82.1	0.44	76.7	0.47
Admissions from In-County, Still Residing	6.0	17.5	0.34	19.7	0.31	20.1	0.30	19.6	0.31
Admissions/Average Daily Census	261.7	195.4	1.34	167.5	1.56	155.7	1.68	141.3	1.85
Discharges/Average Daily Census	251.1	193.0	1.30	166.1	1.51	155.1	1.62	142.5	1.76
Discharges To Private Residence/Average Daily Census	77.4	87.0	0.89	72.1	1.07	68.7	1.13	61.6	1.26
Residents Receiving Skilled Care	100	94.4	1.06	94.9	1.05	94.0	1.06	88.1	1.14
Residents Aged 65 and Older	87.1	92.3	0.94	91.4	0.95	92.0	0.95	87.8	0.99
Title 19 (Medicaid) Funded Residents	67.1	60.6	1.11	62.7	1.07	61.7	1.09	65.9	1.02
Private Pay Funded Residents	6.4	20.9	0.31	21.5	0.30	23.7	0.27	21.0	0.31
Developmentally Disabled Residents	0.7	0.8	0.89	0.8	0.93	1.1	0.64	6.5	0.11
Mentally Ill Residents	35.7	28.7	1.24	36.1	0.99	35.8	1.00	33.6	1.06
General Medical Service Residents	0.0	24.5	0.00	22.8	0.00	23.1	0.00	20.6	0.00
Impaired ADL (Mean)	47.7	49.1	0.97	50.0	0.95	49.5	0.96	49.4	0.97
Psychological Problems	42.9	54.2	0.79	56.8	0.75	58.2	0.74	57.4	0.75
Nursing Care Required (Mean)	7.4	6.8	1.09	7.1	1.05	6.9	1.07	7.3	1.01